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CANCER OF OROPHARYNX AND NASOPHARYNX – CLINICAL PROGNOESTIC FACTORS ANALYSIS

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Analysis contains 110 cases of oropharyngeal and 112 cases of nasopharyngeal cancers who were treated between 1990-1998 in MSC Centre of Oncology-Institute, branch Gliwice.

Main part of histopathological findings in oropharyngeal area were squamous cancers, but undifferentiated type was slightly dominated than squamous in nasopharyngeal region.

More than half of cases in both localisations were locally advanced [T3,T4] and similar, nearly 1/3 cases were without nodal metastases.

Comparisons between mean tumor volumes indicate on bigger cancer volume, when primary tumor was located in oropharyngeal area, but mean nodal volume was much higher in nasopharyngeal cancer.

Kinetics of distant metastases were much higher in nasopharyngeal location of primary tumor especially in undifferentiated cases.

Radiotherapy was the main type of treatment which was realised in palliative and radical schedule with conventional and unconventional fractionation scheme.

Following clinical factors were underdone evaluation: T-stage and primary tumor volume, N-stage with amount and volume of nodes, conglomerates of nodes presence, M-stage, type of histological structure and treatment factors: tumor and nodal total doses and kind of fractionation.

Statistical methods which were used contained: single- and multivariate analysis and logistic regression model.

Conclusion: „Hierarchy of importance” of the factors which were analysed and their influences on treatment results are different in both localisations.

73.

CONCURRENT WEEKLY CISPLATIN AND RADIOTHERAPY IN CERVICAL CANCER PATIENTS. A REPORT ON ACUTE TOXICITY

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Material and method: Between May 1999 and January 2001, 41 consecutive cervical cancer patients (pts), median age 46 yrs (range 29-68), were treated with concurrent cisplatin and pelvic irradiation with curative intent (29 pts FIGO stage IB "bulky", IIB-IVA) or postoperatively (11 pts who had positive pelvic lymph nodes and/or involvement of the surgical margin and/or large and deeply invasive lesion). Adequate bone marrow function and normal serum creatinine were required. Cisplatin given as a 60-minute infusion, was administered weekly at the dose of 40 mg/sqm (max. 70 mg) for six cycles. Antiemetic therapy was routinely given. Three patients received irradiation on out-patient basis.

Results: A total of 145 cycles were administered. The median number of cisplatin cycles was 4 (range: 1-6). Overall, 65% of pts received at least four cycles of cisplatin. The reasons for chemotherapy discontinuation included low level of creatinine clearance (2 pts), worsening of performance status (3 pts), and myoclonia after cisplatin injection (1 pt). Moderate emesis occurred in one patient, grade 2 leukopenia in two other cases. There were no severe acute effects precluding the delivery of planned radiotherapy. At present six patients are still on therapy.

Conclusion: Pelvic radiotherapy combined with weekly cisplatin is feasible in a routine practice. This modality is also suitable for patients treated on out-patient basis.

74.

THE RATIONAL FOR OPTIMAL COMBINATION OF RADIATION THERAPY AND TAXANES IN ORGAN PRESERVATION TREATMENT OF HEAD AND NECK CANCER – PROJECT OF CLINICAL STUDY

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Because Docetaxel has both radiosensitizing properties as well as good anticancer activity by itself in squamous cell carcinomas we are going to attempt concurrent use of Docetaxel and radiochemotherapy in patients with advanced head and neck cancers (HNC).

Aim: The objective of this study is to evaluate the response rate, loco-regional control, disease – free survival and overall survival in previously untreated inoperable HNC patients.

Methods: This is a project of an open non-randomized, one centre, phase II, one arm study. Total planned dose of RT for GTV is 68 Gy given in 40 fractions, once daily, 7 times per week concomitantly with Cis-Platin, Navelbine and Docetaxel. Eligibility criteria include: proven HNC not treated before, good performance status, normal bone marrow, liver and renal function, age below 60. The regimen is proposed as follows: Cis-Platin i.v. 70mg/m² on day 1, 22, 43, 64, Navelbine 20mg/m² i.v. on day 1, 8, 22, 29, 43, 50, 64 and Docetaxel 30 mg/m²/week or as 1-h infusion of 60 mg/m² in each 7 days of RT, Ethyol 1000 mg i.v. on day 1, 22, 43 and 250 mg on day 23 – 42. Radiotherapy 1,7 Gy per fraction continuously on day 23 – 42 and 44 – 63. Different treatment schedules of Docetaxel could be used on the basis of cellular activity for a given tumour. So, biopsy should be obtained for analysis of pre-treatment levels of apoptosis and oncogenes such as p53, Bax, Bcl-2.

75.

VALIDITY OF ACCELERATED HYPERFRACTIONATED CONFORMAL RADIATION THERAPY AND MONITORING OF TREATMENT RESULTS IN PATIENTS WITH ADVANCED NSCLC. ASSESSMENT OF TOLERANCE AND EARLY FAILURE

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Aim: The assessment of the early failure and toxicity of treatment for the advanced NSCLC using the accelerated hyperfractional conformal irradiation

Material: 13 patients (12 men, 1 woman, aged 50 - 74), in good performance status/70-90 points of Karnofsky scale / were treated.

Patients have been irradiated with 15 MV or 6 MV photon two times a day with 6 hours break using 1.25 Gy fraction to total dose 50 Gy. PTV ranged from 599 to 1104 cm³ (mean 858cm³).

Methods: The mean tumor dimension before and 6 weeks after finishing treatment with the use of CT have been assessed.

Results: 3 early failure have been observed, all outside of PTV. The 2/3 of that recurrence have been recognized by CT. These patients have been ordered to chemotherapy. The mean tumor dimension was equal to 2,38 cm 6 weeks after finishing of treatment. This means 44% regression of the mean tumor dimension. No side effects and deteriorations of performance status have been observed.

All patients have finished the treatment, all are in follow up, alive.

Conclusions: The accelerated hyperfractionated regimen can be carried out in outpatients service if PTV is smaller than 1000cm³.

Observed early recurrence two months of follow up are connected with a progression of a tumor outside of irradiated volume.

76.

RETROSPEKTYWNA OCENA WCZESNYCH I PÓŹNYCH ODCZYŃÓW POPROMIENNYCH W ŚLŹÓWKACH JAMY USTNEJ PO POOPERACYJNYM NAPROMIENIANIU Z POWODU RAKA PRZYUSZNICY

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Cel pracy: ocena częstości rejestrowanych odczynów i ich wpływu na jakość życia pacjenta.

Materiał i metoda: W II Zakł. Teleterapii w latach 1984-1997 leczono 86 chorych z rakiem przyusznicy. Zebrano retrospektywne dane z zapisu w historiach chorób, dotyczące pojawienia się, trwania i nasilenia wczesnych późnych odczynów popromiennych w śluzówkach. Oceniono też przeżycia chorych (60% przeżyć 5-cioletnich) i porównano je z danymi z literatury dotyczącymi przeżyć u pacjentów leczonych samodzielnie chirurgią (20-30% przeżyć 5-cioletnich).

Wyniki: Odczyn wczesny w śluzówkach opisano u 50 chorych (58%), odczyn późny u 17 chorych (19,8%). Wyraźną kserostomię (przejaw odczynu późnego II stopnia) klinicznie stwierdzono u 2 chorych, w tym po 2 latach od rozpoczęcia leczenia - u 1 chorego. Częstość